The Habit

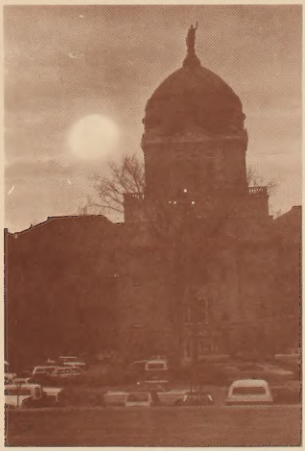
MONTANA ALCOHOL AND DRUG ABUSE DIVISION NEWSLETTER

Volume 5, Number 3 — 2 — April-May, 1979

Mini-grants Awarded

The ADAD has awarded thirteen mini-grants totaling $12,774 for the remainder of FY79. All projects are to be completed by the end of June. The awards are:

1. Alcohol and Drug Services of Central Montana: $1,000 to provide counselor training plus films and educational material.
2. Alcohol Service Center of Lincoln County: $500 for materials to prepare puppet and flip chart shows for public schools.
3. Billings YWCA: $824 for a Peer Counseling Workshop.
4. "Changes" Drug Program: $1,000 for a Family Therapy Workshop.
5. Flathead Valley Chemical Dependency Services: $1.000 for elementary school education.
6. Gallatin Council on Health and Drugs: $1.000 for workshop on Developmental Trends in Parents vs. Children.
7. Human Resources Development Council: $824 for Peer Counseling Workshop. Funding is in conjunction with Billings YWCA (project no. 3).
8. Lame Deer Public School: $935 for training and educational materials.
9. Rimrock Foundation and SC MT Mental Health Center: $935 for a Law Enforcement Training Seminar.
10. School District No. 10: $500 for purchase of materials for a drug abuse library.
11. West-Mont Community Care: $920 to provide training in drug usage in a hospice setting.
12. Wheatland Family Services: $838 for a drug education program for high school and elderly target groups.
13. Women's Resource Center of Great Falls: $500 for a drug education program for women.



This picture of moonshine on the Capitol is presented in honor of HB 844. Alert Capitol habitues will notice that the moon is rising in the north, which doesn't make sense. To many, neither does 844, but the HABIT will print whatever illumination there may be in the next issue.

Insurance Law Brings Little Change

Any programs hoping that the Montana Legislature's passage of SB 61 is going to ease their financial problems are advised to forget it. Both Department of Institutions (DI) director Lawrence M. Zanto and Chief Deputy Commissioner of Insurance Josephine M. Driscoll agree that the bill, which mandates the availability of insurance coverage for alcoholism and drug addiction, is so limited in scope that it is not likely to make a substantial difference in third party payments. It is, however, "a foot in the door" Zanto says.

The bill, introduced by Senator William Norman of Missoula, a physician, at the request of DI was supported by the Insurance Commissioner's office and the Health Insurance Association of America, but opposed, in its original form, by the Montana Physicians Service (MPS). It requires that coverage be made available to consumers on an optional basis.

The issues involved in the bill are costs to consumers, definition of treatment facilities eligible for payment, and the extent of benefits mandated.

The cost to consumers is not known at this time as coverage is not required for 120 days after the effective date and insurance companies have not yet determined what alcohol and drug addiction options they will offer. Estimates range from Zanto's "laws such as this should not result in any substantial rate increase" to MPS president, Michael Donovan's "We will offer coverage as required by law but it's going to cost."

Experience in other states supports Zanto's prediction. For example, increased coverage by Blue Cross in South Dakota was reflected in premium increases of only $1.15 per year/family or 50 cents per year/single; a representative of the North Dakota State Insurance Office was not aware of any premium increases for inclusion of alcoholism and drug addiction treatment; and estimated costs based on a California pilot program are 27 cents and 30 cents per month.

On the other hand, Driscoll said some testimony during hearings on the bill predicted costs as high as $5.00 a month.

Some consumers will not be effected as most group contracts in Montana already include optional coverage for alcoholism. Pre-existing conditions are not covered in existing contracts and will not be covered in future contracts mandated by the bill.

A second area of concern for the Legislature and for programs is the definition of treatment facilities eligible for payment. Doctors on the committee, Driscoll said, were emphatic in demanding that coverage be limited to "treatment approved and monitered by a physician." This language in the bill means that payment is only mandated for medically oriented facilities. It does not, however, prevent insurers from offering the coverage of their choice, so it is possible that competition and increasingly comprehensive actuarial information may in time lead to the availability of payment to non-medical facilities.

A third issue debated by the legislature was whether or not benefits for alcoholism and drug addiction should be allowed to be less favorable than for physical illness generally. In the bill as passed, limitations of benefits are allowed in both total payment and length of stay.

Planning Priorities Listed

Six statewide priorities for alcoholism and drug abuse treatment have been developed from regional plans and will be included in the State Plan for FY80 and implemented depending upon availability of funds.

Priorities, with the exception of "maintenance of existing services," are not listed in order of importance, but will be given equal consideration. They are:

—maintenance of existing services:
—implementation of counselor certification system;
—implementation of alcohol curriculum (K-12);
—increased prevention activities and resorces;
—services for women;
—transitional living facilities.

DETROX FUNDS

As of May 31, 1979, $27,205 from the ADAD detox funds had been spent or encumbered.

Summer Schools Scheduled

Summer schools to be held near Montana include:

University of Utah School on Alcoholism and other Drug Dependencies, June 17-22. Contact: University of Utah School on Alcoholism and other Drug Dependencies, P.O. Box 2604, Salt Lake City, Utah 84110.

International School of Alcohol Studies, July 15-20. Contact: Joyce Weisenburger, Secretary, International School of Alcohol Studies, 909 Basin Avenue, Bismarck, North Dakota 58505.

Summer School on Chemical Dependency, July 29-August 10. Contact: Secretary for Summer School Admissions, The Johnson Institute, 10700 Olson Memorial Highway, Minneapolis, Minnesota 55441.

Summer Institute of Drug Dependence, July 29-August 3. Contact: Summer Institute of Drug Dependence, P.O. Box 2172, Colorado Springs, Colorado 80901.

Summer School on Alcoholism and Drugs, August 20-24. Contact: Addie Steistol, Conference Secretary, Summer School on Alcohol and Drugs, 812-16 Avenue S.W., 2nd Floor, Calgary Alberta, Canada T2R OT2.

"I used to be an alcohol counselor, but the arguments drove me to drugs."

APDA Meeting Scheduled

Over 1000 professionals in the substance abuse field are expected to attend the 30th Annual Meeting of the Alcohol and Drug Problems Association of North America at the Washington Hilton Hotel in Washington, D.C. the week of August 26-30, 1979.

Gary Jensen, ADPA President and Director of Pennsylvania's Governors Council on Alcohol and Drug Abuse announced that this year's Annual Meeting will feature plenary and concurrent sessions, workshops, symposia, papers, and demonstrations of interest to professionals working the alcohol and drug abuse fields.

Among the program participants will be Federal, Congressional and state and local governmental officials, physicans, researchers, counselors, educators, and other professionals in the substance abuse field. The National Drug Congress will be co-locating with ADPA and a number of cooperative sessions are envisioned.

A program will be available in which participants can receive continuing education units, undergraduate or graduate credits depending on the enrollee's goals and needs. A physician's workshop on alcoholism and drug abuse for the practicing physician will be offered also.

For a preliminary program and registration information contact:

Marcia Levin, ADPA, 1101 15th Street, NW: Suite 204, Washington, D.C. 20005.

Health Insurance Resources

Twenty-four states had enabling legislation or statues concerning inclusion of health insurance benefits for the treatment of alcoholism as of late last year, compared with four in 1974, according to an NIAAA survey. Thirteen of the States with such legislation mandate some form of coverage and 11 provide for optional coverage.

A revised editon of the "Health Insurance Resource Kit" is now available from the National Clearinghouse for Alcohol Information. The kit contains information about various forms of third-party coverage for the treatment of alcoholism, including Medicaid, Medicare, and HMOs. For a copy write to: NCALI, P.O. Box 2345, Rockville, MD. 20852.

-from NIAAA Information and Feature Service.

UNENCUMBERED FUNDS DUE BACK

In response to a draft audit of one state alcohol program, Nick A. Rotering, Department of Institutions legal counsel, issued the following opinion.

"I agree that Section 53-24-108 M.C.A. requires if the State or the county has used or encumbered the tax geherated revenue, the reversion to the general fund is not necessary. If the program has not used or encumbered the tax dollars, then it must be returned to the Department for reversion to the general fund."

Future financial evaluations by the ADAD will be made in accordance with this opinion.

Three Opinions

Who Should Treat the Alcoholic?

It is no news to people working the alcoholism treatment field that it is characterized by more controversy than agreement. Three possible approaches to problem drinking are represented in the articles that follow:

The first, by Danny Peressini, supports the traditional A.A. approach; the second supports the "medical model;" the third emphasizes personal decision-making.

None should be taken as necessarily representing the ADAD. We welcome comments from out readers.

AA Works

By Danny Peressini

The idea of "responsible drinking" is an irresponsible concept. For the alcoholic the only logical decision is total abstinence, No one yet has suggested "responsible" use of heroin.

O.K., lets look at the implications of "responsible drinking." If a person drinks and he does not drink responsibly then he is drinking irresponsibly. Irresponsible drinking implies irresponsible behavior. There are two causes of irresponsible behavior:

1. The person has a nuerosis, that is, he has a mental health problem and is afflicted with an emotional disturbance; 2. The person is immoral, that is, he is some kind of trash and is afflicted with trashhood.

So, an alcoholic since he does not drink responsibly has a neurosis or he is trash. But all knowledge that we have at this time does not support either of these ideas. Treatment for alcoholism, based on a mental health frame of reference has been ineffective. Recovery rates are 3% to 5% in a psychiatric setting.

Treatment based on a moral frame of reference does not have any known statistics for recovery and it is general knowledge that the concept of trashhood is the first false belief that has to be eliminated in the alcoholic's opinion of himself before we can even start a recovery plan. Also we know that very moral people develop alcoholism.

Let's look at the mental health approach to alcoholism in more detail. It is a futile exercise that attempts to peel off, layer by layer, the complex mechanism of alcoholism. It is like peeling an onion: and usually when the peeling is done, there is nothing to show except peelings and tears.

Alcoholism is first seen as an irresponsible behavior problem. But what we really see are the consequences of drinking. Peel off a layer and we see these consequences are caused by his behavior—drinking. O.K., then drinking causes the problems. (Then how on earth can he drink responsibly?)

At this point the question is asked "Why does he drink in this manner?" The mental health approach gets stopped at this layer and spends its time and funds researching what is but a minor layer in the system.

The way this layer could be peeled off is by recognizing the unacceptable fact that non-alcoholic drinkers drink for exactly the same reasons (peer pressure, enhancement of feeling, relief drinking, escape drinking, ritual drinking, medicinal drinking).

Now then this fact leads to the idea that there is no clear demarcation line between alcoholic and non-alcoholic, No one has been able to discover that line. It is possible that there is no such line and the whole process of beginning drinking, social drinking and alcoholism is a continuation with no interruptions.

Now that we have taken that layer of WHY off for the scientists, we can move on to the next. This, of course, is what happens to the alcoholic. After he drinks, "Why's" are not important. "What's" are. What happens after he drinks? Alcohol does something for the alcoholic, It is almost a mystical experience. the secrets of God and man are suddenly revealed. Some alcoholics describe drinking as a search for God—a seeking of a spiritual experience. If this is true, this eliminates the theory of trashhood.

So then, is the perfect pearl the alcoholic's use of alcohol to attain a spiritual harmony? I really don't know. At this time I cannot see beyond this layer. But at this point the second step of A.A. comes to mind—"Came to believe that a power greater than ourselves . . ." and there are over one million alcoholics sober in this program.

Medical Model

An Alcoholism Treatment White Paper prepared for the National Association of Private Psychiatric Hospitals (NAPPH) charges that paraprofessional alcoholism counselors do not understand the medical model of alcoholism.

The alcoholic patient, the White Paper says, is a complex "bio-psycho-social being with a unique combination of impairments, assets, and treatment needs" requiring the help of a multidisciplinary team for diagnosis and treatment. The paper particularly stresses the need for medical intervention when alcoholism occurs in conjunction with medical illness such as manic depressive psychsiis or schizophrenic illness.

The paper was apparently prepared in response to NAPPH concern over a growing tendency of third party payors to favor non-medical alcohol treatment programs.

Responsible Decisions

Drinking Desions Inc. of Eugene, Oregon is an attempt to fill the void between the court-mandated alcohol programs and the institutional programs in Lane County. It offers a 'first step' for individuals who have become concerned about their drinking, but who do not identify themselves as either problem drinkers or alcoholics.

It offers an opportunity for individuals to critically examine their drinking, to develop realistic criteria for evaluating it and to begin to explore the kinds of changes, if any, they would like to make.

The program, according to co-director Lisa Aumack, is based upon three assumptions:

1. That excessive drinking is usually symptomatic of inability to cope successfully with any of a range of life stresses (wherin drinking itself has achieved a significance of its own);

2. That clients show a greater willingness to examine their drinking in an atmosphere which is tolerant of a variety of drinking styles, and which enables a client to label his own drinking "OK" or "not OK" and set goals accordingly;

3. That two areas of information are necessary for effective self—evaluation of drinking— the general facts about alcohol, drinking and personal coping skills (as provided in most traditional alcohol programs), and-specific objective information about one's own drinking habits.

Two services are offered: Drinking Decisions Class and Alcohol Information School.

—from **The Oregon Connection.**

The Habit

THE HABIT is the newsletter of the Alcohol and Drug Abuse Division of the State of Montana, Department of Institutions.

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Comments and suggestions from readers are invited; phone (406) 449-2827 or write ADAD, Department of Institutions, 1539 11th Ave., Helena, MT 59601.

Study Confirms Assumptions

Montanans Drink a Lot

The commonly held assumption that Montanans are hard-drinking people received statical support from a recent survey comparing drinking patterns of Eastern Montana College (EMC)students with drinking patterns nation-wide which showed 33 percent of EMC students reporting heavy drinking as compared to 12 percent reporting heavy drinking in national surveys.

The survey was part of a paper by EMC student Cheryl Kelleher which compared the results of interviews with EMC students with data from three national surveys included in a Special Report to Congress by the Secretary of HEW.

Categories of drinking behavior were taken from the national surveys and are:

Heavy drinking. Drink nearly every day with five or more per occasion at least one in a while, or about once weekly with usually five or more per occasion.

Moderate drinking. Drink at least once a month, typically several times, but usually with no more than 3 or 4 drinks per occasion.

Light drinking. Drink at least once a month, but typically only 1 or 2 drinks on a single occasion.

Infrequent drinking. Drink at least once a year, but less than once a month.

The percentage of people from each category in the nation-wide surveys used in the Special Report (referred to as ADP in the data) was compared with the percentages of people from each category in the EMC survey and showed not only a higher percentage of EMC students in the heavy drinking category but a much lower percentage in the abstainer category.

Heavy drinking patterns shown for EMC women accounted for more of the over-all difference (27 percent EMC to 5 percent ADP) than did male drinking patterns (39 percent EMC to 21 percent ADP).

Tabulated results are:

Percentages of males and females.

Study	Heavy	Moderate & Light	Infrequent	Abstainer
ADP	12	41	15	32
EMC	33	51	8	8

Percentages of males

Study	Heavy	Moderate & Light	Infrequent	Abstainer
ADP	21	46	10	23
EMC	39	47	5	9

Percentages of females.

Study	Heavy	Moderate & Light	Infrequent	Abstainer
ADP	5	37	18	40
EMC	27	57	11	6

The nation-wide data used in Kelleher's study included 4,307 adults aged from 21 over 65 and the EMC survey included 279 students aged 18 to 43.

SMPD NOTES

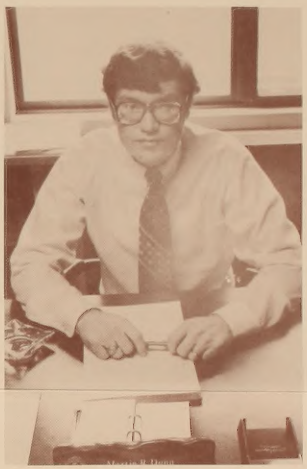
Dunn Heads Open Door

Building public confidence is the number one priority of Martin Dunn, interim director of Open Door, the Anaconda satellite of SMDP.

Dunn, a native Anacondan returned from the big city (San Francisco) to raise his children in his home town, wants to get that home town to recognize that it has drug problems and to utilize the services of Open Door to help.

He is presently involved in improving rapport with law enforcement and other agencies. His hopes for the future are to get the schools to utilize the program for drug education and to help prescription drug abuse "come out of the closet."

Dunn graduated from Columbia College in Missouri with a B.A. in psychology and was administrative director and treatment facilitator for the Coast Guard in San Francisco before returning to Anaconda. He and his wife, Elizabeth, have children aged three and six.



MARTIN DUNN

Kauffman Joins SMDP

Mike Kauffman, new staff member at the Helena SMDP satellite office, is discovering an unexpected similarity between grief work which he did as a graduate student at Seattle's Harbor View Medical Center, and work with drug program clients.

The similarity, says Kauffman, a certified Reality Therapist, is between the grieving process, which requires facing a painful loss, accepting it, and working it through in order to grow beyond the pain, and the requirement of doing the same thing with any of life's painful realities, To avoid facing, accepting and working through the hurting places in our reality by escaping to drugs is to remain stuck in the pain. The drug program helps with the unsticking process.

In addition to earning an MSW at the University of Washington, Kauffman has a BA in psychology from Montana State University and has worked with Welfare and the Casey Family Program.

Dr. William Pollin and his wife Marilyn

John DeLuca and his wife Louise

—ADAMA News photo

Film Repair Update

The last issue of the HABIT included a story saying that court school films would be repaired free of charge by the State Film Library in Helena. That was correct, but we have since learned that repair of all film that alcohol and drug programs have is covered by an ADAD contract with the film library.

TEETOTALLERS GET CIRRHOSIS TOO

Equating cirrhosis with alcoholism is a "bum rap" warns the chairman of the American Liver Foundation.

Burton Combes, liver researcher and professor at the University of Texas Health Science Center at Dallas, explained that "while cirrhosis is most often thought of in terms of alcoholism, up to half of the persons suffering from this disease do not have a problem with alcohol."

Professor Combs, quoted in the **Alcoholism Report,** said that some cirrhosis sufferers have drunk little or not at all.

With an increase of liver diseases predicted, Professor Combs said the precise reason for the upswing is not known because of a lack of research.

"But,", he said, "we can be pretty sure that the increasing amount of industrial pollution, chemical hazards in an expanding industrial exonomy, and the development of new drugs have been heavy contributors."

-from **Discus,** the Newsletter of the Distilled Spirits Council of the United States, Inc.

New NIAAA and NIDA Directors Sworn In

New directors of NIAAA and NIDA were sworn in at joint ceremonies April 24. They were, for NIAAA, John R. Deluca, a public administrator and the first director not to have a medical degree, and for NIDA, Dr. William Pollin, a psychiatrist who has headed NIDA's research division since 1975.

HEW Secretary Califano's remarks during the ceremonies suggest that the department hopes DeLuca may be able to mend the divisiveness that has characterized the alcoholism field. He praised DeLuca as a "skilled and experienced public administrator and manager," who understands the "diversity and complexity of alcoholism treatment," and added, "There are a multiplicity of solutions to the problem and almost as many groups advocating particular solutions. . .It is in part for this reason that I think John DeLuca is the right person to lead NIAAA."

Dr. William Pollin, new NIDA director, is a psychiatrist who has headed NIDA's research division since 1975. The choice of Pollin for NIDA,Califano said, "reflects the Institute's expanded research mission."

In an interview with the **U.S. Journal** Pollin expressed interest in indications that there is "one set of significant biological, experiential, psychosocial patterns, common to all types of compulsive addictive behaviors." He suggested that if a common pattern could be established, it might be possible to intervene effectively in a key point of the addictive process.

DeLuca has a Master's Degree from the Princeton University Woodrow Wilson School of Public and International Affairs with an emphasis on economics and health care administration. He came to NIAAA from New York state where he was the first director of the Division of Alcoholism and Alcohol Abuse. He has also served with the New York Urban Coalition JOBS program, the National Alliance of Businessmen, the VISTA Citizens Corps project and as a Peace Corps volunteer.

Pollin received his MD from Columbia University, completed psychiatric residency at Western Psychiatric Institute at the University of Pittsburg Medical Center and graduated from the Washington Psychoanalytical Institute. He has been engaged in public health service since 1956 and entered the drug abuse field in 1971 as chairman of the clinical research subgroup of the National Institute of Mental Health (NIMH) research task force. He served as coordinator of research programs of drug abuse for NIMH and as research director of the White House Special Office for Drug Abuse Prevention before becoming NIDA research director.

ALCOHOL ADMISSION CHARACTERISTICS

For 1st Admission Alcohol Clients Admitted (January 1978 - December 1978)

Client Characteristics	Region I	Region II	Region III	Region IV	Region V	State Total	Percent
Total Admissions	**989**	**863**	**1,213**	**1,981**	**1,266**	**6,312**	**(100%)**
SEX							
Male	752	703	949	1,572	1,021	4,997	(79.2)
Female	237	160	264	409	245	1,315	(20.8)
RACE							
White	690	481	957	1,632	985	4,745	(75.2)
Black	2	3	2	6	1	14	(.2)
American Indian	289	375	214	315	266	1,459	(23.1)
Alaskan		1			3	4	(.1)
Asian			2	1	2	5	(.1)
Mexican	5	2	33	22	4	66	(1.0)
Puerto Rican			4			4	(.1)
Other	3	1	1	5	5	15	(.2)
AGE							
0 - 17	23	12	29	56	67	187	(3.0)
18 - 20	84	63	86	150	140	523	(8.3)
21 - 25	164	91	162	212	227	856	(13.6)
26 - 30	134	75	186	231	199	825	(13.1)
31 - 44	297	289	402	585	365	1,938	(30.7)
45 - 64	268	301	308	644	224	1,745	(27.6)
65 +	18	31	4	102	44	235	(3.7)
Else	1	1	0	1	0	3	(0.0)
MARITAL							
Never Married	298	247	326	558	475	1,904	(30.2)
Married	371	248	477	663	392	2,151	(34.1)
Separated	56	67	80	114	71	388	(6.1)
Divorced	228	237	289	539	293	1,586	(25.1)
Widowed	36	64	41	107	35	283	(4.5)
EDUCATION							
0 - 8	175	183	147	348	175	1,028	(16.3)
9 - 12	619	555	739	1,243	805	3,961	(62.8)
13 - 16	175	112	308	346	246	1,187	(18.8)
17 +	18	11	15	44	40	128	(2.0)
Unknown	2	2	4	0	0	8	(.1)
EMPLOYED							
Full Time	360	201	522	577	524	2,184	(34.6)
Part Time	38	46	66	64	92	306	(4.8)
Unemployed	591	616	625	1,340	650	3,822	(60.6)
PRIMARY SOURCE OF INCOME							
Job	462	300	618	716	622	2,718	(43.1)
Spouse	76	37	94	153	67	427	(6.8)
Family Friends	130	38	100	105	144	517	(8.2)
Public Assistance	64	68	46	123	52	353	(5.6)
Pension	52	129	99	348	100	728	(11.5%)
Insurance	16	20	51	58	50	195	(3.1)
Savings	23	13	41	35	21	133	(2.1)
None	130	222	67	412	158	989	(15.7)
Other	36	36	97	31	52	252	(4.0)
AVG. MONTHLY INCOME FOR CLIENTS WITH JOB AS PRIMARY SOURCE OF INCOME							
0 - 300	102	87	84	144	93	510	(18.8)
301 - 600	133	81	152	181	204	715	(27.6)
601 - 1000	110	81	230	239	178	838	(30.8)
1001 +	117	51	135	151	145	599	(22.0)
Unknown			17	1	2	20	(0.7)

System Redesign to Bring Improvements

The alcohol admission characteristics presented above do not include family member or Montana Court School (DWI) statistics. They only represent first admission, alcohol clients admitted to treatment during calendar year 1978.

The Alcohol Information System maintained by ADAD currently contains 12,414 admissions, 1,684 readmissions, and 11,117 discharge records. This provides a complete calendar year of information which is suitable for computer analysis.

Because of problems in the existing system, as reported by treatment programs and audit review, ADAD has contracted with the Infomation Systems Division, Department of Administration, to completely review and redesign our computerized alcohol reporting program. The major redesign features are expected to include shorter turnaround time, polydrug information, expanded monthly reports for treatment programs, and a means to collect follow-up information.

The revised system is expected to return treatment and Montana Court School information much faster to treatment programs. It should also, with the expanded output report capabilities, satisfy most program requirements for caseload and demographic statistics.

Company Pays Cab Fare

"Take a taxi on us." That's a Midwest company's prescription for safety to prevent employees from getting into an accident while driving home after drinking.

The Fingerhut Corp. of Minnetonka, Minn., will always foot the bill — no questions asked — if an employee takes a taxi because he or she is too drunk to drive.

Fingerhut, a general merchandising firm, will even pay for a taxi called by an employee to give a ride to a non-employee to prevent that person from driving drunk.

The program was started in 1976 when a company employee struck and killed a child while driving home after a year-end holiday party.

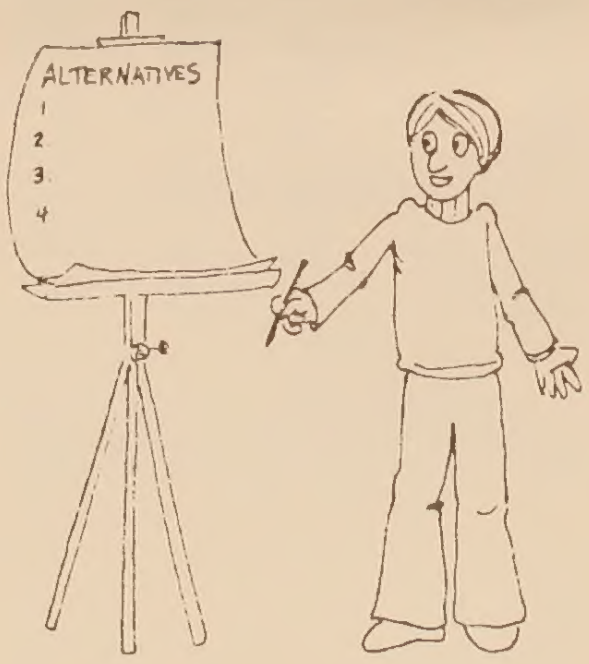
The cost for the program has been negligible compared to its advantages. For example, the bill for the 2700 employees was about $1,000 during 1977, and $2,500 in 1978.

—from ADAMHA News

Curriculum Distributed

The ADAD—Office of the Superintendent of Public Instruction alcohol curriculum, to which the HABIT has alerted readers several times during the past year, will be in the hands of Montana programs by the time this issue is mailed. Copies of the K-12 curriculum are being distributed to program people so they can familiarize themselves with the contents and, if they find it worthwhile, encourage schools in their areas to review or adopt it.

Training in the use of the curriculum will be included in the Eastern Montana Summer School on Alcohol studies to be held June 15 through 28 in Billings.



This illustration taken from the new alcohol curriculum illustrates coping skills, a useful alternative to alcohol use. Starting as early as kindergarten, students are helped to develop coping skills, defined as "ability to deal with problems" or "ability to fight or contend successfully on equal terms."

BOOKLET AVAILABLE FREE

To aid businesses interested in working with the alcoholic employees, the Kemper Insurance Companies have published, "What To Do About The Employee With A Drinking Problem." The booklet outlines procedures and policies on reducing excessive costs and how employees can be kept on the payroll.

Up to 50 copies of "What To Do About The Employee With A Drinking Problem" are available free by writing the Communications & Public Affairs department, D-1, Kemper Insurance Companies, Long Grove, IL 60049.